

FILED IN CLERK'S OFFICE  
U.S. BANKRUPTCY COURT  
NORTHERN DISTRICT  
OF GEORGIA

2016 AUG 15 PM 2:45

M. REGINA THOMAS

BY Anise C. Anthony  
DEPUTY CLERK

Check if this is an amended filing

Fill in this information to identify your case:

Debtor 1 Sonathan david Harvey  
First Name Middle Name Last Name  
Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name  
United States Bankruptcy Court for the: District of  
Case number 15-51561  
(if known)

Official Form 103B

Application to Have the Chapter 7 Filing Fee Waived

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: Tell the Court About Your Family and Your Family's Income

1. What is the size of your family?

Your family includes you, your spouse, and any dependents listed on Schedule J: Your Expenses (Official Form 106J).

Check all that apply:

- ☒ You  
☐ Your spouse  
☐ Your dependents

How many dependents? 0

Total number of people 4

2. Fill in your family's average monthly income.

Include your spouse's income if your spouse is living with you, even if your spouse is not filing.

Do not include your spouse's income if you are separated and your spouse is not filing with you.

Add your income and your spouse's income. Include the value (if known) of any non-cash governmental assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

If you have already filled out Schedule I: Your Income, see line 10 of that schedule.

That person's average monthly net income (take-home pay)

You ..... \$ 0

Your spouse ..... + \$

Subtotal ..... \$ 0

Subtract any non-cash governmental assistance that you included above.

- \$

Your family's average monthly net income

Total ..... \$ 0

3. Do you receive non-cash governmental assistance?

- ☒ No  
☐ Yes. Describe.....

Type of assistance

4. Do you expect your family's average monthly net income to increase or decrease by more than 10% during the next 6 months?

- ☒ No  
☐ Yes. Explain.....

5. Tell the court why you are unable to pay the filing fee in installments within 120 days. If you have some additional circumstances that cause you to not be able to pay your filing fee in installments, explain them.

I'm unemployed I have no money on hand or in the bank and not sure if I will in 120 days

Debtor 1

Johnathan David Harvey  
 First Name Middle Name Last Name

Case number (if known) 15-51561**Part 2: Tell the Court About Your Monthly Expenses****6. Estimate your average monthly expenses.**

Include amounts paid by any government assistance that you reported on line 2.

\$ 2000.00If you have already filled out *Schedule J, Your Expenses*, copy line 22 from that form.**7. Do these expenses cover anyone who is not included in your family as reported in line 1?**
☒ No  
☐ Yes. Identify who.....
**8. Does anyone other than you regularly pay any of these expenses?**
☒ No  
☐ Yes. How much do you regularly receive as contributions? \$ \_\_\_\_\_ monthly
If you have already filled out *Schedule I: Your Income*, copy the total from line 11.**9. Do you expect your average monthly expenses to increase or decrease by more than 10% during the next 6 months?**
☒ No  
☐ Yes. Explain .....
**Part 3: Tell the Court About Your Property**If you have already filled out *Schedule A/B: Property (Official Form 106A/B)* attach copies to this application and go to Part 4.**10. How much cash do you have?***Examples:* Money you have in your wallet, in your home, and on hand when you file this application

Cash:

\$ 0**11. Bank accounts and other deposits of money?***Examples:* Checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, and other similar institutions. If you have more than one account with the same institution, list each. Do not include 401(k) and IRA accounts.

Checking account:

Institution name:

Best Bank

Amount:

\$ 0

Savings account:

\$ \_\_\_\_\_

Other financial accounts:

\$ \_\_\_\_\_

Other financial accounts:

\$ \_\_\_\_\_

**12. Your home? (if you own it outright or are purchasing it)***Examples:* House, condominium, manufactured home, or mobile home

Number Street

Current value: \$ \_\_\_\_\_

City

State

ZIP Code

Amount you owe on mortgage and liens: \$ \_\_\_\_\_

**13. Other real estate?**

Number Street

Current value: \$ \_\_\_\_\_

City

State

ZIP Code

Amount you owe on mortgage and liens: \$ \_\_\_\_\_

**14. The vehicles you own?***Examples:* Cars, vans, trucks, sports utility vehicles, motorcycles, tractors, boats

Make: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

Model: \_\_\_\_\_

Amount you owe on liens: \$ \_\_\_\_\_

Year: \_\_\_\_\_

Mileage: \_\_\_\_\_

Make: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

Model: \_\_\_\_\_

Amount you owe on liens: \$ \_\_\_\_\_

Year: \_\_\_\_\_

Mileage: \_\_\_\_\_

Debtor 1

Jonathan David Harrel  
First Name Middle Name Last Name

Case number (if known) 15-51561

**16. Other assets?**

**Describe the other assets:**

Current value: \$ \_\_\_\_\_  
Amount you owe on liens: \$ \_\_\_\_\_

Do not include household items and clothing.

\_\_\_\_\_

**16. Money or property due you?**

**Who owes you the money or property?**

**How much is owed?**

**Do you believe you will likely receive payment in the next 180 days?**

Examples: Tax refunds, past due or lump sum alimony, spousal support, child support, maintenance, divorce or property settlements, Social Security benefits, workers' compensation, personal injury recovery

\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

☐ No  
☐ Yes. Explain:

\_\_\_\_\_

**Part 4: Answer These Additional Questions**

**17. Have you paid anyone for services for this case, including filling out this application, the bankruptcy filing package, or the schedules?**

☒ No  
☐ Yes. Whom did you pay? Check all that apply:

☐ An attorney  
☐ A bankruptcy petition preparer, paralegal, or typing service  
☐ Someone else \_\_\_\_\_

**How much did you pay?**

\$ \_\_\_\_\_

**18. Have you promised to pay or do you expect to pay someone for services for your bankruptcy case?**

☒ No  
☐ Yes. Whom do you expect to pay? Check all that apply:

☐ An attorney  
☐ A bankruptcy petition preparer, paralegal, or typing service  
☐ Someone else \_\_\_\_\_

**How much do you expect to pay?**

\$ \_\_\_\_\_

**19. Has anyone paid someone on your behalf for services for this case?**

☒ No  
☐ Yes. Who was paid on your behalf? Check all that apply:

☐ An attorney  
☐ A bankruptcy petition preparer, paralegal, or typing service  
☐ Someone else \_\_\_\_\_

**Who paid? Check all that apply:**

☐ Parent  
☐ Brother or sister  
☐ Friend  
☐ Pastor or clergy  
☐ Someone else \_\_\_\_\_

**How much did someone else pay?**

\$ \_\_\_\_\_

**20. Have you filed for bankruptcy within the last 8 years?**

☐ No  
☒ Yes. District Atlanta division

When 01/01/15 Case number 15-51561  
MM/ DD/ YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM/ DD/ YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM/ DD/ YYYY

**Part 5: Sign Below**

By signing here under penalty of perjury, I declare that I cannot afford to pay the filing fee either in full or in installments. I also declare that the information I provided in this application is true and correct.

x [Signature] x  
Signature of Debtor 1

x \_\_\_\_\_ x  
Signature of Debtor 2

Date 08/15/2016  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY